

**MULTIPLE DEPENDENT AND
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)**

APPLICANT(S)

09/459493

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2						
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14	/					
15		/				
16		/				
17		/				
18		/				
19		/				
20		/				
21		/				
22		/				
23		/				
24		/				
25		/				
26		/				
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37		/				
38		/				
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40		/				
41		/				
42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50	/					
TOTAL IND.						
TOTAL DEP.						
TOTAL						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
61		/				
62		/				
63	/					
64		/				
65		/				
66		/				
67		/				
68		/				
69		/				
70		/				
71		/				
72		/				
73		/				
74		/				
75		/				
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77		/				
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79		/				
80	/					
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86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL						

80